Pennsylvania Department of Health

		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390044		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 07/27/2023	
READING	VIDER OR SUPPLIER: HOSPITAL E NUMBER: 440401		STREET ADDRESS, CITY, STATE, ZIP CODE: 420 S. FIFTH AVENUE WEST READING, PA 19611				
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE CX5) COMPLET DATE		COMPLETE	
P 0000	This report is for the not Clitoroplasty, and Phal 2023. Reading Hospit compliance with the re Pennsylvania Departm Regulations for Hospit	July 27, in full s and rt IV,	P 0000				
LABORATORY	Subparts A and B, Nov. June 1998. DIRECTOR'S OR PROVIDER/SUPPLI				TITLE:	(X6) DATE:	
(AU) DATE.							

State Form 1ZSX11 IF CONTINUATION SHEET Page 1 of 1



Certified End Page

READING HOSPITAL

STATE LICENSE NUMBER: 440401 SURVEY EXIT DATE: 07/27/2023

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi

Deputy Secretary for Quality Assurance

Jeanne Jaim

Debra L. Bogu MD

Debra L. Bogen, MD, FAAP Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY